

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee i360		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2015	
Mailing Address PO Box 37046		Amount 2500.00	
City Baltimore	State MD	Zip Code 21297	Transaction ID : SE.5675
Purpose of Expenditure Voter Data and Outreach Capability		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2015
Name of Federal Candidate RAND PAUL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 870016.45		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee i360		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2015	
Mailing Address PO Box 37046		Amount 1797.11	
City Baltimore	State MD	Zip Code 21297	Transaction ID : SE.5676
Purpose of Expenditure Robocalls		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2015
Name of Federal Candidate RAND PAUL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 871813.56		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4297.11
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

MM / DD / YYYY
09 / 23 / 2015

Signature

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Form/Schedule: F24N
Transaction ID :

This report includes the full value of services rendered by this vendor for this period. A credit related to the prior month's services reduces the actual amount to be paid.

Form/Schedule:
Transaction ID:

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FOR SE OF FORM 24/48

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Voter Contact Services, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2015	
Mailing Address 107 S. West St, PMB 501		Amount 143030.70	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5677
Purpose of Expenditure Staffing and Services for Field Canvassers	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2015	
Name of Federal Candidate RAND PAUL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 1014844.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	143030.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	147327.81

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Edward King**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 23 / 2015

Signature